

Kentucky Cultural District Certification Program

FY2012 Public Value Report

Deadline: Due annually on or before July 31

APPLICANT INFORMATION	Application Number	Fiscal Year 2012	
	District Name		
	Mailing Address		
	City	State	Zip Code - Plus 4
	County	Applicant FEIN	
	Phone Number	FAX #	
	Email address		
CONTACT PERSON FOR THIS REPORT	Contact Name		
	Phone Number	FAX #	
	Email address		
	Number of Individuals who benefited from this program	Youth	Adult
	What counties do you serve?		
	What other states do you serve? (if applicable)		

As you reach the conclusion of your Cultural District Certification period for FY 2012, please respond to the following self-assessment questions on a maximum of two pages, placing your cultural district's name in the top right-hand corner of the page.

1. Impact/Evidence

- a. Describe cultural district accomplishments for the past year.
(Information may include status of renovation and other capital projects; infrastructure improvements; partnerships formed; marketing efforts; events; impact on tourism; etc.)
- b. Describe proposed activities for the upcoming fiscal year.
- c. List any additional local incentives offered to businesses and/or qualifying residing artists in the district.

- d. Describe any actual or perceived benefits attributable to certification as a cultural district, especially attendance at events, number of events and activities, and quantifiable changes in art business activities.
- e. Describe any property enhancements and/or impact on property values.
- f. Indicate the number/percent of vacant commercial and residential buildings in the district; compare this number to the vacancy before certification.

2. Acknowledgment

How did you acknowledge the Kentucky Arts Council when promoting the district? Attach copies of programs, advertisements, newsletters, website links, etc., containing the KAC logo or credit information.

Mailing Address for Public Value Report

Kentucky Arts Council
500 Mero Street, 21st Floor
Frankfort, KY 40601-1987
502-564-3757
Toll Free: 888-833-2787

*I certify that I am legally authorized to submit this report on behalf of the cultural district and that the foregoing statements and enclosures are true and complete to the best of my knowledge. All signatures must be in **RED** ink.*

Preparer's Signature _____ Date _____
All signatures must be in **RED** ink.

Type Name _____ Title _____